SIGNATURE OF CANDIDATE

STATE BOARD OF ELECTIONS PHONE: 804-786-6551 **or** TOLL-FREE WITHIN VIRGINIA 800-552-9745

RESCIND REQUEST FOR EXEMPTION

I declare that, despite my previous intentions, I now intend to accept a contribution or make

an expense that would cause my campaigns aggregate to date totals to exceed \$1000.

As a result, in accordance with the provisions of Article 2, §24.2-906.1 of the Code of Virginia, I the undersigned candidate, hereby rescind my Request for Exemption in connection with my _______ (insert election year) campaign that is currently on file.

Also, I will begin filing contributions and expenditures activity on the next scheduled contributions and expenditures report.

PRINTED NAME OF CANDIDATE OFFICE SOUGHT AND DISTRICT (IF APPLICABLE)

NAME OF CANDIDATE'S CAMPAIGN COMMITTEE DAYTIME TELEPHONE NUMBER

DATE

SBE-906.1B 04/02 RESCINDING_OATH.WPD